



## Strategic Goal 3: Investing in People

Help nations achieve sustainable improvements in the well-being and productivity of their populations, while advancing American interests, through diplomatic and assistance initiatives that promote effective and accountable health, education, and other social services

### I. Public Benefit

Disease, poverty, displacement, irregular migration, and lack of education destroy lives, ravage societies, destabilize regions, and cheat future generations of prosperity. By supporting over 10 Presidential Initiatives and numerous programs that integrate economic growth with social development we are extending the basic values American citizens hold dear: prosperity, good health, and a knowledge-based society.

In 2006, over 39 million adults and 2.3 million children were living with HIV/AIDS, 4.3 million people became infected, and 2.9 million died. 3.2 billion of the world's poorest are at risk of malaria. Over 1 million people die of malaria each year, mostly children. One third of the world's population is infected with tuberculosis; nearly 9 million new cases occur each year and 2 million people die.

U.S. investments have stimulated the rapid expansion of HIV/AIDS treatment, prevention, and care in high-priority countries, along with improved quality of life for affected persons. More couples are able to decide the number and spacing of their children and have access to skilled childbirth care. More children are being immunized and survive common childhood illnesses. Access to effective prevention and treatment for malaria and tuberculosis has expanded, as has international engagement to address avian influenza, eradicate polio, improve health systems, and understand chronic disease.

Nearly 24 percent of adults in the developing world are non-literate. Investments in basic education are critical to provide millions with the literacy and numeracy skills needed to live productively in today's world. Improved higher education promotes stable, skilled work forces, economic betterment, and an informed society that demands and participates constructively in democratic institutions. Nearly half of the developing world's population lacks improved sanitation, and over a billion people lack access to improved drinking water, causing 1.7 million deaths per year, mostly children.

By building broad partnerships among U.S. government agencies, foreign governments, international organizations, non-governmental organizations, the private sector, and private and multilateral donor organizations, all of these initiatives reduce the strains on society that lead to conflict and even terrorism, while inculcating democratic values of participatory decision-making, rule of law, and transparency.

### II. Resource Summary (\$ in Thousands)

	FY 2006 Actual	FY 2007 Estimate	FY 2008 Request	Change from FY 2007	
				Amount	%
Staff	292	290	290	0	0.00%
Funds	\$225,038	\$284,772	\$310,035	\$25,263	8.87%



### III. Strategic Goal Context

Shown below are the indicators, accounts, bureaus and partners that contribute to this strategic goal. Acronyms are defined in the glossary at the back of this publication.

Strategic Goal	Performance Indicator	Major Accounts	Lead Bureau(s)	Key Partners
Investing in People	Estimated Number of HIV Infections Prevented in the 15 Focus Countries (PART)	CIO, CS&H, D&CP, ESF, GAI	S/GAC	USAID, HHS, DoD, DOL, DOC, UNAIDS, WHO, NSC, Global Fund, Private Sector
	Number of People Receiving HIV/AIDS Care and Support Services in the 15 Focus Countries (PART)	CIO, CS&H, D&CP, ESF, GAI	S/GAC	USAID, HHS, DoD, DOL, DOC, UNAIDS, WHO, NSC, Global Fund, Private Sector
	Number of People Receiving HIV/AIDS Treatment in the 15 Focus Countries (PART)	CIO, CS&H, D&CP, ESF, GAI	S/GAC	USAID, HHS, DoD, DOL, DOC, UNAIDS, WHO, NSC, Global Fund, Private Sector
	Expanding and Enhancing Surveillance and Response Capacities Worldwide	CIO, CS&H, D&CP, ESF, GAI, FSA, SEED	OES	USAID, HHS, DHS, FBI, CIA, EPA, WHO, INTERPOL
	Institutions And Partnerships That Promote Sustainable Development	D&CP, ESF, FSA, SEED, CIO	OES	USAID, UN, EPA, USDA, NOAA, DOE, IOs, NGOs
	The Percentage of Undernourished Persons in Sub-Saharan Africa	DA, D&CP, ESF, FSA, SEED, PL 480, CIO	EB	USAID, FAO, World Bank, NGOs



## IV. Performance Summary

For each initiative/program that supports accomplishment of this strategic goal, the most critical FY 2008 performance indicators and targets are shown below.

Indicator #1: Estimated Number of HIV Infections Prevented in the 15 Focus Countries (PART)		
Output		
TARGETS	FY 2008	3,900,000
	FY 2007	2,800,000
RESULTS	2006	The U.S. supports the most diverse portfolio of HIV/AIDS prevention strategies of any international partner: in addition to the ABC strategies (abstain, be faithful, and correct and consistent use of condoms), the U.S. also supports programs that focus on mother-to-child transmission, on blood safety and safe medical injections, on intravenous drug users, on HIV-discordant couples, on women, on men, and on alcohol abuse, among other key issues. A total of over 61 million individuals were reached with community outreach activities to prevent sexual transmission. Through September 30, 2006, the Emergency Plan supported prevention of mother-to-child HIV transmission services for women during more than 6 million pregnancies, antiretroviral prophylaxis for women during 533,700 pregnancies, and prevented an estimated 101,500 infant HIV infections.
	2005	A total of 42,802,800 individuals were reached with prevention activities, including 24,862,000 individuals reached by community outreach promoting HIV/AIDS prevention through abstinence and/or being faithful and 17,941,100 individuals reached by community outreach programs that promote other prevention strategies. An estimated 23,400 infant infections were averted. The Census Bureau has developed a methodology for calculating averted cases (other than infant). The estimated number of cases averted in 2005 will be available for Botswana, Cote d'Ivoire, Ethiopia, Haiti, Kenya, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia. This data is dependent on the release of the sentinel surveys performed by countries and should become available during 2006 or 2007.
	2004	24,041,800 individuals were reached by prevention programs; 130,073,400 persons were reached by mass media programs; and 11,899,900 individuals were reached by community outreach programs. Counts cannot be added because individuals may be reached by more than one program.
	2003	N/A
DATA QUALITY	Indicator Validation	Country longitudinal prevalence rates triangulated with population survey HIV testing results. Country bi-annual reports from UNAIDS reporting prevalence rates. Country reports by UN agencies, including UNICEF and UNDP, indicating status of human and social development indicators.
	Data Source	Semi-Annual and Annual Progress Results



Indicator #2: Number of People Receiving HIV/AIDS Care and Support Services in the 15 Focus Countries (PART)		
Output		
TARGETS	FY 2008	7,400,000
	FY 2007	5,500,000
RESULTS	2006	4,464,700
	2005	2,900,000
	2004	1,727,000
	2003	N/A
DATA QUALITY	Indicator Validation	Population-based surveys of care and support for orphans and vulnerable children; program monitoring of provider capacity and training; targeted program evaluations; and management information systems that integrate data from patient care management systems, facility and program management systems.
	Data Source	Semi-Annual and Annual Progress Results reports.



Indicator #3: Number of People Receiving HIV/AIDS Treatment in the 15 Focus Countries (PART)		
Output		
TARGETS	FY 2008	1,300,000
	FY 2007	860,000
RESULTS	2006	822,000
	2005	401,000
	2004	155,000
	2003	N/A
DATA QUALITY	Indicator Validation	Annual reports by UNAIDS and the WHO identifying numbers of people receiving treatment. Country reports by UN agencies, including UNICEF and UNDP, indicating status of human and social development indicators such as life expectancy and infant and under-five mortality rates.
	Data Source	Semi-Annual and Annual Progress Results



Indicator #4: Expanding and Enhancing Surveillance and Response Capacities Worldwide		
Outcome		
TARGETS	FY 2008	Support expansion of preparedness response plans in two more countries, plus the establishment of another Field Epidemiology Training Program (FETP) and the addition of an International Emerging Infections Program in key regions. Expansion of environmental health activities to include two completed water safety plans, new members of Partnership to Health through Water, outreach activities related to environmental health at three international meetings. System enhanced by the entry into force of the International Health Regulations. G-8 Bioterrorism Experts Group (BTEX) expands work beyond G-8. Food defense work within APEC reaches more APEC economies.
	FY 2007	Continue work on preparedness response plans, adding two additional countries. One additional FETP established in Africa or another region. Add one International Emerging Infections Program in a different region. Revised WHO International Health Regulations enter into force on June 15, 2007. Reservations (if any) are submitted by December 15, 2006. Incorporation of environmental health goals into strategies and outcomes of regional meetings including APEC, ASEAN, Summit of the Americas process. G-8 BTEX establishes 2007 work plan, expanding G-8 efforts to defend against bioterrorism. Bilateral bioterrorism-related collaboration with Russia and India expands. Development of new bilateral and multilateral bioterrorism-related initiatives with key countries and multilateral entities.
RESULTS	2006	Support for Public Health Working group facilitated regional public health preparedness planning and helped identify methods of sharing information, communicating and providing assistance in the event of a public health emergency. Partnership to Health through Water organized series of meetings at World Water Forum, attracting new partners and driving action related to water safety plans, water safety monitoring, and cost-benefit analysis related to water interventions. G-8 leaders highlighted action to prevent and respond to infectious diseases as major priority. Continued support of APEC activities to build capacity for a response to pandemic influenza. G-8 BTEX organized G-8 forensic epidemiology program and plan for decontamination programming. U.S.-Swiss co-hosted bioterrorism tabletop exercise for heads of international organizations. Bilateral work with India and Russia continued. APEC approved U.S.-proposed bioterrorism initiative to protect food supply from deliberate contamination. Global Health Security Action Group (GHSAG) conducted laboratory workshops.
	2005	Continued negotiations with China on an International Emerging Infections Program. Completed negotiations on the revised IHRs; final text was approved by the 58th World Health Assembly. HHS/CDC established a regional Field Epidemiology and Laboratory Training Program in Nairobi, added two more FETPs to China and are working to establish networks in India and Brazil. APEC Leaders' Initiative highlighted regional cooperation in pandemic influenza preparations and response. GHSAG Ministers recognized the importance of capacity building, including training, for national and international preparedness and response to release of infectious agents. G-8 BTEX established.
	2004	Initiated interagency process to discuss possibilities to improve surveillance and response. Incorporated surveillance and response into planning for relevant diseases. GHSAG conducted and reported on GLOBAL MERCURY smallpox exercise. Sponsored international "wet-lab" workshop.
	2003	N/A
DATA QUALITY	Indicator Validation	These indicators would demonstrate an increased worldwide capacity to monitor and anticipate environmental conditions leading to negative health outcomes and to respond to disease outbreaks, whether naturally occurring or deliberate.
	Data Source	Reports from U.S., G-8 BTEX, APEC, and bilateral participation and engagement will provide information regarding activities and outcomes.



Indicator #5: Institutions And Partnerships That Promote Sustainable Development - Including Improved Access To Water, Sanitation And Energy Services		
Outcome		
TARGETS	FY 2008	Existing USG partnerships on water and energy produce measurable results; new partnerships are created to catalyze action in key areas; institutions at all levels continue to shift their focus from norm-setting to implementation and create opportunities to build and advance partnerships. Potential examples include: Other donors follow U.S. lead in focusing quantifiable metrics for measuring progress of sustainable development activities; 2007-2009 UN Commission on Sustainable Development cycle maintains reforms introduced during 2003-05 and 2005-07 cycles; Sustainable development partnerships are a key focus of at least one intergovernmental event outside the main UN Commission on Sustainable Development sessions.
	FY 2007	Existing USG partnerships on water and energy produce measurable results; new partnerships are created to catalyze action in key areas. Institutions at all levels continue to shift their focus from norm-setting to implementation and create opportunities to build and advance partnerships. Potential examples include: "Featured Results" included for more than half of the 39 partnerships on SDP.gov, the USG's sustainable development partnerships website; 2005 - 2007 UN Commission on Sustainable Development Energy Cycle produces robust non-negotiated outputs designed to increase access to modern energy services.
RESULTS	2006	The Commission on Sustainable Development's 14 <sup>th</sup> "Review Session" focused efforts on implementing energy elements of the Johannesburg Plan of Implementation. CSD Learning Center and Partnerships Fair were well attended. Fourth World Water Forum focused on advancing local actions and partnerships. National or sub-national Safe Water System programs exist in 23 countries in Africa, Asia and Latin America. Regular regional meetings among the riparian countries in the Okavango basin are occurring. Discussions on a legal framework for joint management of the Nile Basin have moved from the technical committee to a formal negotiating committee with senior foreign affairs representatives from each of the riparian countries. In response to the Senator Paul Simon Water for the Poor Act of 2005, Department and USAID developed overall goals and approach for a U.S. strategy to increase access to safe water and basic sanitation in developing countries.
	2005	During its 13th session, the recently reformed UN CSD provided capacity building to over 500 participants through the CSD Learning Center. Over 70 new public-private partnerships were registered. CSD-13 established a non-negotiated "Matrix of Policy Options and Practical Measures," an implementation-oriented tool for sharing best practices and lessons learned on increasing access to safe water and sanitation. UN CSD introduced non-negotiated set of policy options and practical measures and agreed to develop web-based tools for promoting the exchange of best practices and lessons learned on water and sanitation.
	2004	UN Commission on Sustainable Development's 12th Session (CSD-12) consisted of a first-ever non-negotiating review session and focused on water-related issues.
	2003	N/A
DATA QUALITY	Indicator Validation	The indicator measures the existence of institutional frameworks and an increase in activities dedicated to address sustainable development, particularly water and energy access.
	Data Source	The Bureau of Oceans and International Environment and Scientific Affairs directly participates and monitors events; in addition, data are based on published public records of the events, press releases and news articles. Data reliability is high.



Indicator #6: The Percentage of Undernourished Persons in Sub-Saharan Africa		
Outcome		
TARGETS	FY 2008	No more than 27% of the population is undernourished.
	FY 2007	No more than 29% of the population is undernourished.
RESULTS	2006	Baseline data for FY 2006 is pending.
	2005	N/A
	2004	N/A
	2003	N/A
DATA QUALITY	Indicator Validation	Food and Agriculture Organization (FAO) statistics are reliable and readily available on a continent-wide basis.
	Data Source	UN Food and Agriculture Organization reports





## V. Illustrative Examples

Investing in People	
Science Education in the Middle East and North Africa	To help rebuild the educational and scientific infrastructure in Iraq, in May, 2006 the Department launched the Iraq Virtual Science Library, providing Iraqi universities and research institutes access to millions of articles, technical content and educational resources from over 17,000 premier scientific and engineering journals. In April 2006, the Department translated <a href="http://www.greenscreen.org">www.greenscreen.org</a> into Arabic and French, providing a forum for Arab and Muslim students interested in science and environmental issues to post articles and compete in essay contests, and for teachers to access guides for schoolroom science experiments. The Arabic and French pages quickly became among the top pages accessed on the website. Thousands of students in 10 countries throughout the Middle East and North Africa have been inspired by a full-color poster on the science of solar eclipses. Distribution included girls' schools in Egypt, Iraqi teachers, science clubs in Tunisia and Libya (coinciding with the solar eclipses visible in those countries in 2005 and 2006) and schools, universities, libraries, science centers and government agencies throughout the region.
Bioterrorism Preparedness	The Department leads the U.S. Government's engagement with the G8 Bioterrorism Experts Group (BTEx), under the premise that enhancing our defenses against deliberate releases of infectious disease also enhances our surveillance and response capabilities in the event of natural disease outbreaks. In the spring of 2006 the Department facilitated the participation of G8 experts in a workshop led by the U.S. Environmental Protection Agency on decontamination issues, leading to the dissemination of U.S. expertise on the matter. The Department is also facilitating a meeting of G8 experts for a workshop on forensic epidemiology - an emerging field of expertise that includes the coordination of public health and law enforcement expertise in responding to a real or potential threat of bioterrorism. A prominent subject of this workshop is discriminating natural from deliberate disease outbreaks. The meeting is scheduled to take place in the United Kingdom in the fall of 2006.
HIV Treatment in Rwanda: A Life Transformed	In 2006, approximately 30,000 people were treated with antiretroviral treatment (ART) in Rwanda with support from the U.S. President's Emergency Plan for AIDS Relief. One beneficiary of PEPFAR support is Eleda Mukamurara, who became the first ART patient in Rwanda treated with U.S. Government support. Before Eleda began ART, she was extremely ill and had begun to lose hope. In 2003, Eleda turned to the Biryogo Community Clinic for treatment and care. At the Biryogo Community Clinic, the Emergency Plan supports training for the nurses who care for patients on ART. The nurses and doctor offer in-house training for other health workers, who generally come and work at the clinic for two or three weeks and then return to their health centers with lessons learned. For Eleda, PEPFAR support for the Biryogo Community Clinic meant that she was seen by a nurse every day for the first six weeks of her treatment. After six weeks, Eleda only visited the clinic once a week, and within six months she was showing a marked improvement.
Demand Reduction	Although the Department's counterdrug effort focuses primarily on disrupting the supply of drugs entering the United States, the Department also supports demand reduction programs in key areas of the world where drug abuse is increasing. Making extensive use of best practices as well as regional and international networking and information sharing, such programs have produced impressive results. An independent evaluation on the long-range impact of training for over 200 drug treatment programs in Peru revealed that overall hard-core drug use in the target population was reduced from 90% to 34%. A similar evaluation of programs in Colombia revealed drug use declined from 54% to 10% in eight target cities. In Southeast Asia, programs reported success rates (percent of clients remaining drug-free after treatment) of over 70 percent compared to 10-15 percent in other developing countries. Department assistance has established mosque-based drug outreach centers throughout all 25 provinces of Afghanistan that also serve as bully pulpits for leading clerics and other organizations supporting U.S. counterdrug police and programs there.



## V. Resource Detail

### State Operations Appropriations by Bureau (\$ Thousands)

Bureau	FY 2006 Actual	FY 2007 Estimate	FY 2008 Request
Bureau of International Organizations	167,898	204,761	227,703
Bureau of Western Hemisphere Affairs	13,611	34,386	34,753
Bureau of European and Eurasian Affairs	7,006	6,872	7,134
Bureau of Oceans and International Environmental and Scientific Affairs	3,216	6,396	6,618
Bureau of African Affairs	5,597	5,699	6,021
Other Bureaus	27,710	26,658	27,806
<b>Total State Operations Appropriations</b>	<b>\$225,038</b>	<b>\$284,772</b>	<b>\$310,035</b>